

United States Department of Agriculture
Agricultural Research Service

REVOCABLE PERMIT

FROM (Agency and complete mailing address (including ZIP Code))	PERMIT NO. FY -	DATE ISSUED
	AMENDMENT NO. FY -	DATE ISSUED
	PERIOD OF USE: FROM	THROUGH
PERMITTEE (Name and complete mailing address (including ZIP Code))	GOVERNMENT REPRESENTATIVE (Name, title, and complete address)	
	PHONE NUMBER	

PURPOSE (Describe privilege requested in detail)

DESCRIPTION OF PROPERTY (Specify unit numbers, metes and bounds, etc.)

☐ LAND

☐ BUILDING

SPECIAL CONDITIONS

REAL ESTATE WARRANT OFFICER OR AUTHORIZED REPRESENTATIVE

SIGNATURE	NAME AND TITLE (Typed or Printed)	DATE ISSUED
-----------	-----------------------------------	-------------

PERMITTEE

This Permit is accepted subject to the terms, conditions, and requirements expressed herein.

SIGNATURE	NAME AND TITLE (Typed or Printed)	DATE ISSUED
-----------	-----------------------------------	-------------